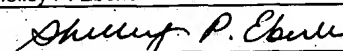


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>UTILITY PATENT APPLICATION TRANSMITTAL</h1> <p><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i></p>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket No.</td><td>5030-0003.01</td></tr><tr><td>First Inventor</td><td>Evan C. Unger</td></tr><tr><td>Title</td><td>SOLID MATRIX THERAPEUTIC COMPOSITIONS</td></tr><tr><td>Express Mail Label No.</td><td>EV 327 533 222 US</td></tr></table>	Attorney Docket No.	5030-0003.01	First Inventor	Evan C. Unger	Title	SOLID MATRIX THERAPEUTIC COMPOSITIONS	Express Mail Label No.	EV 327 533 222 US												
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<p style="text-align: center;">APPLICATION ELEMENTS</p> <p><i>See MPEP chapter 600 concerning utility patent application contents.</i></p>		<p>ADDRESS TO:</p> <p>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>																				
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See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>117</u> + cover page] <i>(preferred arrangement set forth below)</i></p><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure<p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>1</u>]</p><p>5. 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19. CORRESPONDENCE ADDRESS					
<p><input checked="" type="checkbox"/> Customer Number of Bar Code Label</p>		<p>23980</p> <p><small>(Insert Customer No. or Attach bar code label here)</small></p>		<p>or <input type="checkbox"/> Correspondence address below</p>	
Name	Shelley P. Eberle				
Address	REED & EBERLE LLP				
	800 Menlo Avenue, Suite 210				
City	Menlo Park	State	CA	Zip Code	94025
Country	USA	Telephone	(650) 330-0900	Fax	(650) 330-0980
Name (Print/Type)	Shelley P. Eberle			Registration No. (Attorney/Agent)	31,411
Signature				Date	July 16, 2003

07/16/03
17169 U.S. PTO

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$537.00

Complete if Known

Application Number	Unassigned
Filing Date	Concurrently herewith
First Named Inventor	Evan C. Unger
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	5030-0003.01

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account No. _____
Deposit Account Name _____

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge any underpayment or credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	\$375.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) \$375.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
38	18	9	\$162
Independent Claims	3	0	
Multiple Dependent			

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claim in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$162.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$

SUBMITTED BY

Name (Print/Type)	Shelley P. Eberle	Registration No. (Attorney/Agent)	31,411	Telephone	(650) 330-0900
Signature	<i>Shelley P. Eberle</i>	Date	July 16, 2003		

Complete (if applicable)